



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
39 Powell		0712 Deer Lodge Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	100.2	1.15	53	08/26/04	_____	_____
100	1	2	72	1.36	62	08/25/04	_____	_____
100	1	3	69.6	1.57	78	08/26/04	_____	_____
100	1	4	136	1.57	72	08/25/04	_____	_____
100	1	5	83.6	1.36	62	08/26/04	_____	_____
100	1	6	43.2	1.57	72	08/25/04	_____	_____
100	1	6A	9	0.00	72	08/25/04	_____	_____
100	1	7	8.2	0.95	19	08/25/04	_____	_____



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County:		District:					District Level:	
39 Powell		0713 Powell County H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	2	95	0.95	47	09/01/04	_____	_____
100	CO	28-C-1-42	108	0.95	48	07/31/04	_____	_____



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39 Powell		0717 Helmville Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	15	15B	67	0.95	24	07/31/04		



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39 Powell		0718 Garrison Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	20	1	28	0.00	21	08/25/04		



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39 Powell		0720 Avon Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	29	1	80.2	0.95	22	08/06/04	_____	_____
100	29	2	64	0.95	30	08/06/04	_____	_____